

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

097913136

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
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48		/				
49		/				
50		/				
TOTAL IND.		↓		↓		↓
TOTAL DEP.	↓		↓		↓	
TOTAL CLAIMS						

	*		*		*
	IND.	DEP.	IND.	DEP.	IND.
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52		/			
53		/			
54		/			
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99					
100					
TOTAL IND.	2	↓		↓	↓
TOTAL DEP.	52	↓		↓	↓
TOTAL CLAIMS	54				

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS